



#51A

PATENT  
Atty. Docket No.: HARRIS-00101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

David M. Harris

Serial No. 10/066,162

Filed: January 31, 2002

For: **METHOD OF PERIODONTAL  
LASER TREATMENT**

Group Art Unit: 3739

Examiner: Roane, Aaron F.,

**PRELIMINARY AMENDMENT AND  
RESPONSE TO ELECTION/  
RESTRICTION REQUIREMENT**

162 North Wolfe Road  
Sunnyvale, California 94086  
(408) 530-9700

Customer No.: 28960

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER R3700

Sir:

**AMENDMENTS**

Please Amend the above referenced Application as follows:

CERTIFICATE OF MAILING (37 CFR § 1.8(a)).  
I hereby certify that this paper (along with any  
referred to as being attached or enclosed) is being  
deposited with the U.S. Postal Service on the date  
shown below with sufficient postage as first class  
mail in an envelope addressed to the:  
Commissioner for Patents, P.O. Box 1450  
Alexandria, VA 22313-1450

HAVERSTOCK & OWENS LLP.

Date: 11-20-03 By: N. H. W. W. W.



GP 3739

PATENT  
Attorney Docket No.: HARRIS-00101✓  
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HAVERSTOCK & OWENS LLP  
162 North Wolfe Road  
Sunnyvale, California 94086  
(408) 530-9700

Customer Number 28960

In re Application of: David M. Harris, Ph. D.  
Serial No.: 10/066,162  
Filed: January 31, 2002  
Entitled: METHOD OF PERIODONTAL LASER TREATMENT

Commission for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

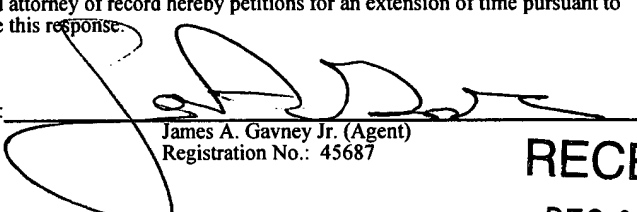
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

	(Col. 1)		(Col. 2)	(Col. 3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	* 32	MINUS	** 42	0	18.00	0.00
Independent Claims	* 2	MINUS	*** 3	0	86.00	0.00
_ First Presentation Of Multiple Dependent Claim					290.00	0.00
					<b>TOTAL</b>	<b>0.00</b>
					Small Entity 50% Filing Fee Reduction (if applicable)	0.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.)

1. ☒ A check in the amount of \$55.00 is attached.  
2. ☒ Please charge any additional fees, including any fees necessary for extensions of time, or credit overpayment to Deposit Account No. 08-1275. An originally executed duplicate of this transmittal is enclosed for this purpose.  
3. ☒ Petition for extension of time. The undersigned attorney of record hereby petitions for an extension of time pursuant to 37 C.F.R. § 1.136(a), as may be required, to file this response.

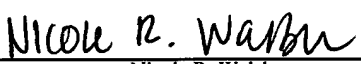
Dated: November 20, 2003

By:   
James A. Gavney Jr. (Agent)  
Registration No.: 45687

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450, on November 20, 2003.

Dated: November 20, 2003

By:   
Nicole R. Walsh

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